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ABSTRACT

Consumer education has traditionally addressed activities related to the purchase of goods while the human services (e.g., health, education, and social welfare) have received far less attention. This condition stems from several factors, including the "doing good" attitude of human service providers and the role of government as the provider of most human services. One way to see the nature of the issues is to compare the following consumer education activities in the human services with consumer education in the goods sector: values and decision making; price information; performance information; brand or provider comparisons; payment procedure; rights, responsibilites, and redress procedures; and consumer education and the economy. Consumer education and human services can each benefit from closer interaction. Human service work is consumer-intensive and the key to increasing productivity and consumer satisfaction lies in effectively engaging the consumer in the service. With the growing recognition of human services as an area of concern for consumer education, there are two areas of priority for the coming period. First, we must examine the traditional operating assumptions of consumer education as to their appropriateness for the human services. Secondly, we must identify priority areas within the human services, including learning what kinds of information are important and how they can be obtained and disseminated and the measures of price and quality. (EM)

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CONSUMER EDUCATION AND THE HUMAN SERVICES

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Office of Consumers' Education
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Consumer education has traditionally addressed activities related to the purchase of goods and, to a lesser extent, selected services, particularly credit, utilities, and some personal services. The human services -- health, education, social welfare services, mental health, and the like -- have received far less attention. This condition stems from factors related to the nature of the economy and the role of the human services within it and to still other factors having to do with consumer educators themselves.

Unique to the human services is their "doing good" character and posture. Health, educational, and social services are things which, according to the prevailing wisdom, people need and are good for them. Concommitantly, the individuals and institutions which provide these services are (in contrast to those who sell goods) granted many privileges and powers. While we recognize the need for a posture of wariness toward car dealers who seek to sell us options which we neither need nor desire in order to increase profits, we are far less likely to view a physician doing something to us for any reasons other than our own benefit. Stated differently, a posture of caveat emptor is imperative for doing business in the private goods sector; as a society, we have not considered it necessary in the human services.

The posture of beneficence on the part of human services providers has led consumer educators to give less attention to the human services than to the for-profit sector. So, too, the role of government as the provider of most human services has diverted attention of consumer

educators. And, finally, the marketplace focus of much of consumer education has encouraged less interest in an area where markets are traditionally thought of as absent.

This is not to suggest that there has been no attention by consumer education to the services in general or to the human services in particular. Indeed, the past year has witnessed such developments as these:

-- Court suits brought by consumers and the government are challenging professionally imposed (and often governmentally sanctioned) restrictions on information available to consumers.

-- A significant publication (Consumer Checkbook) has been launched to provide consumers in one city (Washington, D.C.) with information and comparative evaluations of services, including human services. In another form of user assessment, at least one bar association (San Francisco) has rated the city's entire judiciary.

-- In higher education, attention is being given to the consumers' (the students) rights to know fully and honestly about what is being offered; in effect, "truth in advertising" is coming to the college catalog, in part through the stick of the Education Amendments of 1976 and the carrot of the National Task Force on Better Information for Student Choice, supported by the Fund for the Improvement of Post-Secondary Education (FIPSE).

— The growing number of programs of self-care, self-health, and patient activation, as well as the broader self-help, mutual aid, and community participation developments is an important development of the current period. It has manifested itself in the increased presence of laypersons on professional licensing boards, of students on local school boards, of consumers on HSA planning bodies, in a range of books designed to inform and activate consumers (How to Be Your Own Doctor (Sometimes); How to Choose and Use Your Doctor; Schools Where Parents Make a Difference; You are Not Alone, (Significantly this last, on services for the emotionally ill, is being distributed by Consumers Union).

— Efforts to increase consumers' options, where they have been absent, through the establishment of markets or market-like conditions include the Massachusetts plan for tuition reimbursement vouchers for low-income and poorly educated adults for extension, continuing education, or evening courses. Another example is through "user subsidies," such as a plan in Illinois where persons over 65 years of age are able to get a 75 percent discount on taxi fares, the difference being made up by a Department of Transportation grant.

— And the Office of Consumers' Education, in the U.S. Office of Education, has awarded a grant in support of a dual-phase project having to do with consumer education and

the human services. Phase I involves conducting health and education activities in Harlem, while Phase 2 operates at the national level in the development of the concepts and programs appropriate to consumer education in the human services. As part of this activity, a special issue of the magazine, Social Policy, on consumer education in the human services will be published in the Fall of 1977.

SOME COMPARISONS

One way to see the nature of the issues regarding consumer education in the human services is to compare and contrast them with consumer education in the goods sector.

Consumer Education Activity: Values and Decision Making

Goods Sector: Techniques to determine why one wishes to purchase something, the purpose and functions it serves, alternatives, and the basis for choosing.

Human Services: For the most part, human services are assessed to be a self-evident good; their "consumption" is often mandatory, e.g., education, certain health services (vaccinations, blood tests for marriage, etc).

Usually, no alternatives are available (or at least presented).

Often, the service-provider system has an effective monopoly precluding, for most people, choices as to providers.

Consumer Education Activity: Price Information

Goods Sector: Generally, price information is available for consumer goods and competition based on price is central.

Human Services: For those services which are publicly provided, price information is not considered relevant to consumers (although of possible interest to taxpayers). For those services which are paid for by consumers (e.g., doctor or private lawyer),

until recently price discussions were taboo, and price comparisons not possible.

What in the goods sector would be considered monopoly price fixing is justified in the services (e.g., standard fee schedules) as part of the professional nature of the human services; only in the past year or so has this been challenged.

Consumer Education Activity: Performance Information

Goods Sector: Although complicated by questions as to the relevance (and sometimes honesty) of the data and the appropriateness of comparisons (if made), performance data are acceptable and, in some instances, required, e.g., gasoline, mileage of cars, tar content of cigarettes.

Human Services: Almost universally not given, the basis being the claimed complexity of doing so, the inability of laypeople to understand, claims of privacy. Where done, usually over a broad universe so as to mask specific provider (individual or institutional) performance; or done but not revealed to the public (e.g., Professional Standards Review Organizations (PSRO), or done from the point of view of other professionals (e.g., PSRO's, the evaluation of judges by the San Francisco Bar Association).

Consumer Education Activity: Brand or Provider Comparisons

Goods Sector: Although sometimes masked (e.g., "Brand X" or "the best known brand", etc.), such comparisons are (increasingly) frequent and accepted.

Human Services: Almost universally frowned upon for reasons similar to the reasons given on performance information. Where done (e.g., the Pennsylvania Insurance Commission's publication on hospitals), limited to basic structural information (e.g., number of beds, costs, etc) and excluding information comparing quality of the services.

Also made complicated by the local nature of human services. A notable exception to the absence of such information is Consumer Checkbook, a new Washington, D.C., magazine which compares and evaluates area services, including the human services.

Consumer Education Activity: Payment Procedure

Goods Sector: Although, often not made clear, especially when there is a tie-in between the sale and financing of it, there is increasing pressure (legislative, administrative and judicial) to do so.

Human Services: Generally has not been considered an appropriate topic of discussion between provider and consumer. Recently receiving greater acceptance but complicated, particularly in health care, by complexity of third-party payment schemes.

Consumer Education Activity: Rights, Responsibilities, and Redress Procedures

Goods Sector: Increasing information provided as to warranties and guarantees, redress remedies, although continuing problems as to coverage of the former and scope and procedures for the latter.

Human Services: Some activity here as to rights (e.g., patient bills of rights), entitlements (right of all children to education), quality of service (decisions such as Shaw and Serrano as as well as professional standards); redress machinery complicated by the overlap between professional organizations (e.g., medical societies), public governance bodies (e.g., Boards of Education), payment agencies (e.g., Medicaid), and legislative bodies.

Consumer Education Activity: Consumer Education and the Economy

Goods Sector: Considerable general information.

Human Services: Generally, little attention here, often with an implicit anti-services bias (e.g., the underassessment of services in the GNP, the implication that the "real work" in the society is goods production).

TWIN BENEFITS

Our concern with consumer education and the human services is a dual one — from the perspective of consumer education and from that of the human services. We believe that each can benefit from closer interaction. A recent news story offers an opportunity to illustrate this point.

> A key factor in the recent rapid rise of health care costs, up ninefold since 1950 to nearly 3% of the GNP, is that "the patient is often a passive participant," according to the President's Council on Wage and Price Stability.
> (The New York Times, September 8, 1976)

This passivity on the part of consumers is a special problem in the human services. For unlike the goods sector where the production process can by itself adequately fill a consumer's demand, the consumer is a producer in the human services. Not only is the student, for example, a consumer of the service of learning, but also (s)he is a factor in the production of it. That is, while the teacher may teach, it is the child who must do the learning. Similarly, in health and mental health care, it is the patient who is the key factor in producing his or her own return to (or maintenance of) good health.

Traditional notions argue that productivity in human services cannot be increased sharply because it is not amenable to capital-intensive inputs. Because it is labor-intensive work, inputs are costly and potentially inflationary. But human service work is consumer-intensive, and the key to increasing productivity and consumer satisfaction in it lies in effectively engaging and mobilizing the consumer.

Such an approach, one which engages the consumer as an effective producer of the service, has the potential double benefit of producing greater service efficiency and greater consumer satisfaction.

This involvement of the consumer of the service is part of the broad effort incorporating community participation, the utilization of community-based paraprofessionals, and the spread of self-help mutual aid groups. More specifically, it focuses on the very activities of services delivery. For example, consumer education programs in health must move from traditional top-down general information-dissemination to a targeted program which trains people

in specifics about their bodies, patterns of disease, what they can do for themselves, what they can do in a mutual aid group, how to recognize the need for a doctor and, in those cases, how best to follow the doctor's prescribed regimen. Concommitantly, programs must be created to train doctors in how to mobilize laypeople as active participants in their own health care. What is called for are activated patients rather than the passive ones described by the Wage and Price Council (N.Y. Times story above).

Consumers of human services thus require adequate information so they can make informed choices. Providers of human services must no longer be allowed to hide facts essential to informed and effective consumer choice, facts as to services offered, prices charged, and results achieved. So, too, adequate grievance redress machinery must be provided. There must be mechanisms for consumers to be heard and through which "professional courtesy" cannot bury or whitewash complaints. Similarly, licensing procedures must be changed to serve the purpose of producing qualified practitioners in sufficient numbers to meet the public's needs, rather than serving to establish and protect the guild interests of the practitioners.

With a larger portion of the work force engaged in providing services, more of the GNP in services, and an increasing proportion of government expenditures at all levels involving the provision of services, improving their quality and efficiency is a benefit to everyone — services providers, services consumers, and taxpayers. The more active engagement of the consumers in the production of human services is the key to such benefits.

CONCLUSION

Consumer education in the human services is concerned with making consumers better informed, more efficient, and more satisfied. At the same time, it must work to make providers more responsible and efficient, and thus to increase consumer satisfaction.

Certain factors are unique to the human services and put consumer education here in a special setting. There is a lack of clarity, broad consensus, or adequate measurement of the services to be provided. There is an absence of a clear pricing or market test as an external control on performance or accountability. For the most part, too, the human services operate in a monopoly condition, in fact a twin monopoly, in that there is little or no competition for consumers and there are few if any alternative providers.

The situation is further complicated by (1) the role of the government as the provider of, and more frequently the payer for, these services; (2) the fact that human services are delivered by persons who profess (the root, of course, of the word professional) to hold the consumers' interests above all else, and as a result have been given governmentally sanctioned privileges; and (3) the deep personal importance and consequence of the human services (e.g., one's own health, one's children's education). To a considerable extent, the element of the adversary condition in the buyer-seller relationship is not recognized in the provider-user analog. In part, this is because of basic differing relationships but also it is a belief fostered by such "givens" as the role of the government as deliverer of

human serivces; the professions of the providers; the personal risks to the consumer (one fears to antagonize the person ministering to one's body or to one's child's mind); the implicit prohibition on talk about cost as somehow not "nice"; and the obscuring of price issues as expenses appear to be borne by third parties or through taxes.

With the growing recognition of the importance of the human services as an area of concern for consumer education, there are two broad areas of priority for the coming period. We must examine the apparent traditional operating assumptions or premises of consumer education (viz., individual as the target, heavily rationalistic, product-focused, class-based, pro-consumption) as their appropriateness re the human services, and within the human services we need to identify initial priority areas. These include: (1) learning what kinds of information are important and how they can be obtained and disseminated; (2) the measures of quality and of price; (3) how the value achieved through market mechanisms can be achieved in the human services while they retain the special character of the helping relationship; (4) the special issues in particular services fields such as health with its mixed system of delivery, complicated payment schemes, and the object of growing national attention as costs escalate and plans for national health insurance develop; (5) the special issues of particular population groups such as low-income persons, youth, the elderly, the handicapped, women; (6) the special issues in such new services as those for the dying; (7) the roles of providers and the

delivery systems; and (8) the relationships between consumer education and other forms of consumer participation in the human services.

This is a heady agenda but one which requires attention and which will benefit consumers and providers alike.